

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000083

Facility Name: Supportive Living Washington

Address: 1150 New Castle Road Washington 61571

Number City Zip Code

County: Tazewell

Telephone Number: (309) 444-3641 Fax # 309 444-8763

Federal Employer ID Number:

Date Current Owners were Certified: 9/24/07

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2021 to 12/31/2021 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name) Chuck Schmitz

(Title) Chief Financial Officer

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

In the event there are further questions about this report, please contact:

Name: Kenna Hudson Telephone Number: 314-587-7924

Email Address:

MAIL TO: BUREAU OF HEALTH FINANCE

IL DEPT OF HEALTHCARE AND FAMILY SERVICES

201 S. Grand Avenue East

Springfield, IL 62763-0001

Phone # (217) 782-1630

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	60	Single Unit Apartment	60	21,900	1
2		Double Unit Apartment			2
3		Other			3
4	60	TOTALS	60	21,900	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	15,723	5,825		21,548	5
6	Double Unit					6
7	Other					7
8	TOTALS	15,723	5,825		21,548	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.39%

D. Indicate the number of paid bed-hold days the SLF had during this year

480 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 411 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31 Fiscal Year: 12/31

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? NO If yes, did the facility make all of the required payments of interest and principal? N/A
If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? NO If yes, did the facility make all of the required payments of interest and principal? N/A
If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? NO If yes, did the facility make all of the required payments of interest and principal? N/A
If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Supportive Living Washington

Report Period Beginning:

1/1/2021

Ending: 12/31/2021

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	134,497	147,545	2,470	284,511		284,511	1
2	Housekeeping, Laundry and Maintenance	91,935	20,528	58,391	170,854		170,854	2
3	Heat and Other Utilities			80,181	80,181		80,181	3
4	Other (specify): Trash			3,156	3,156		3,156	4
5	TOTAL General Services	226,432	168,072	144,197	538,702		538,702	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	496,396	14,524	75	510,995		510,995	6
7	Activities and Social Services	84,767	4,198	1,713	90,679		90,679	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	581,163	18,722	1,788	601,674		601,674	9
	C. General Administration							
10	Administrative and Clerical	155,273	17,228	335,373	507,874	(66,145)	441,729	10
11	Marketing Materials, Promotions and Advertising		8,305	9,441	17,745		17,745	11
12	Employee Benefits and Payroll Taxes			166,299	166,299		166,299	12
13	Insurance-Property, Liability and Malpractice			74,554	74,554		74,554	13
14	Other (specify):							14
15	TOTAL General Administration	155,273	25,533	585,666	766,472	(66,145)	700,327	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	962,869	212,327	731,651	1,906,847	(66,145)	1,840,702	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			349,057	349,057		349,057	17
18	Interest			154,295	154,295		154,295	18
19	Real Estate Taxes			66,140	66,140		66,140	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance			25,517	25,517		25,517	22
23	TOTAL Ownership			595,009	595,009		595,009	23
24	GRAND TOTAL (Sum of lines 16 and 23)	962,869	212,327	1,326,660	2,501,856	(66,145)	2,435,711	24

Facility Name: Supportive Living Washington

Report Period Beginning 1/1/2021 Ending: 12/31/2021

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	1.33	21.72	2
3	Certified Nurse Assistants	16.50	12.13	3
4	Activity Director & Assistants	1.77	18.09	4
5	Social Service Workers	0.09	24.13	5
6	Head Cook	1.43	16.73	6
7	Cook Helpers/Assistants	3.70	11.85	7
8	Dishwashers			8
9	Maintenance Workers	1.06	17.03	9
10	Housekeepers	2.38	11.47	10
11	Laundry			11
12	Managers	1.07	38.70	12
13	Other Administrative	2.10	15.23	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	31.43	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES			
Name	1	City	2
Midwest Christian Villages, Inc		St. Louis, MO	

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒

Name of related entity: If yes, what is the value of those services? \$

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Supportive Living Washington

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 89,000 Year land was acquired 2006

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	60		2014 & Prior	2006	\$ 7,865,142	\$ 263,904	in Years	\$ 263,904	\$	\$ 3,755,571	1
2			2015&2016		60,655	5,430	VARIOUS	5,430		39,580	2
3			2017		61,120	5,576	5-10	5,576		28,732	3
4			2018		42,895	5,051	3-10	5,051		17,644	4
5			2019-2021		79,467	8,974	5-10	8,974		18,991	5
Improvement Type											
6	Landscaping, Staking, Paving, Surfacing, Dumping Fees			2007	110,621	7,375	10	7,375		105,090	6
7	Signage			2011	6,208	517	15	517		6,208	7
8	Patio			2011	5,706	380	15	380		3,931	8
9	Landscaping			2011	6,968	465	3	465		4,645	9
10	Mulch			2012	1,660		3			1,660	10
11	Ramp			2012	2,640	176	15	176		1,701	11
12	Parking			2013	2,280		2			2,280	12
13	Sprinkler System			2016	28,650	1,910	15	1,910		10,187	13
14	Parking Lot Pavement Reseal			2018	4,893	245	20	245		836	14
15	New Sidewalk 4x420 IL per City Plans			2020	9,913	496	20	496		991	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,288,817	\$ 300,499		\$ 300,499	\$	\$ 3,998,047	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 427,496	\$ 40,673	\$ 40,673	\$	1-15	\$ 345,918	18
19	Vehicles	31,543	7,886	7,886		4	17,791	19
20	TOTAL (lines 18 and 19)	\$ 459,039	\$ 48,559	\$ 48,559	\$		\$ 363,709	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Supportive Living Washington

Report Period Beginning: 1/1/2021

Ending: 2/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?

YES

NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	HUD		X	Refinance - Construction	9/1/13	\$ 5,840,000	\$ 5,037,278	10/1/48	2.9500	\$ 150,557	1
2			X	Deferred Tax Cred Fees & Org Costs	/ /	-93,218	-60,939	/ /		3,738	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,746,782	\$ 4,976,339			\$ 154,295	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,746,782	\$ 4,976,339			\$ 154,295	10

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

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Facility Name: Supportive Living Washington

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 829,878	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 116,388)	35,107		3
4	Supply Inventory (priced at)	905		4
5	Short-Term Investments			5
6	Prepaid Insurance	26,200		6
7	Other Prepaid Expenses	12,204		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 904,294	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	89,000		13
14	Buildings, at Historical Cost	8,109,279		14
15	Leasehold Improvements, at Historical Cost	179,538		15
16	Equipment, at Historical Cost	459,039		16
17	Accumulated Depreciation (book methods)	(4,361,755)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	792,529		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Construction in Progress	4,528		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,272,158	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,176,453	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 56,252	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	59,103		30
31	Accrued Taxes Payable	64,644		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Liabilities	11,490		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 191,489	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,037,278		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Deferred Org Costs	(60,939)		42
43	Deferred Rev - HHS Stimulus	26,524		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,002,862	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,194,352	\$	45
46	TOTAL EQUITY	\$ 982,101	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,176,453	\$	47

*(See instructions.)

Facility Name: Supportive Living Washington

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

1			
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,658,767	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,658,767	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions	300	12
13	Interest and Other Investment Income	739	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,039	14
	D. Other Revenue (specify):		
15	Miscellaneous Revenue	195,695	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 195,695	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,855,500	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	538,702	19
20	Health Care/ Personal Care	601,674	20
21	General Administration	766,472	21
	B. Capital Expense		
22	Ownership	595,009	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,501,856	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 353,644	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 353,644	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,913,274	32
33	Private Pay - Net Inpatient Revenue	262,212	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Tax Credit</u>	483,281	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,658,767	37